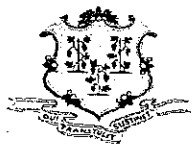


STATE OF CONNECTICUT
OFFICE OF THE CHILD ADVOCATE
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**TESTIMONY OF THE OFFICE OF THE CHILD ADVOCATE
REGARDING RAISED BILLS 180, 182, 183, 184, 187 and PROPOSED BILL 5135**

February 23, 2016

Good morning, Senator Bartolomeo, Representative Urban, Senator Martin, Representative Kokoruda and distinguished members of the committee. This testimony is submitted by Attorney Sarah Eagan, the Child Advocate for the State of Connecticut. Thank you for the opportunity to offer testimony regarding the committee's raised bills.

The primary statutory obligations of the Office of the Child Advocate (OCA) include evaluation and reporting regarding the efficacy of publicly-funded child-serving systems throughout the state. OCA also responds to daily calls for help regarding children with specialized needs. OCA meets regularly with lawmakers, policy-makers and other stakeholders to review and advocate for policies and practices that will promote children's well-being and safety.

Raised Bill 180: AN ACT CONCERNING PERMANENCY HEARINGS, YOUTH ADVISORY COUNCILS AND FOSTER FAMILIES.

OCA supports Raised Bill 180 because it emphasizes the importance of youth voice in court, residential settings, case planning and foster care. Youth are still often absent from child protection court hearings, though by law they are legal parties to the proceedings with the right to counsel. Court hearings may determine where the child will live, who they will live with, where they will attend school and the terms of family visitation. If the court process is invisible to children this may perpetuate feelings of powerlessness, unfairness, and animosity toward the child welfare, court and legal systems.

Children and youth should have the opportunity to meaningfully participate in the matters driving the major aspects of their lives. For the same reasons, the concept of "youth voice" carries over to residential settings, case planning, and foster care. The creation and implementation of youth councils in residential care will provide children a powerful mechanism by which they can air their concerns and engage in the process of resolving disputes. Allowing children to participate in case planning will give them the information necessary to make informed decisions about their potential placements. Youth voice is imperative in foster care not only because it would give the child an opportunity to disclose concerns about their current placement, but it would also provide the Department of Children and Families valuable information to successful future placements.

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Raised Bill 182: AN ACT CONCERNING THE IDENTIFICATION OF CONNECTICUT'S CHILD PLACEMENT NEEDS.

OCA supports this raised bill which will ensure rigorous accountability for the placement of children with specialized needs in out-of-state programs. It is imperative that stakeholders and lawmakers have an accurate and timely report regarding the types of services that are not available to children in Connecticut. Only with such information can policy-makers ensure appropriate funding to ensure necessary services are available to children within their communities and in proximity to their families. Connecticut has dramatically reduced reliance on out-of-state institutional care as part of a laudable effort to right-size use of congregate treatment facilities and ensure placement of children in family settings whenever possible. OCA supports this work as well as the effort to ensure all treatment decisions are individualized to the needs of the child or youth.

Raised Bill 183: AN ACT CONCERNING THE PROGRAM OF FAMILY ASSESSMENT RESPONSE

OCA supports Raised Bill 183, An Act Concerning the Program of Family Assessment Response. Family Assessment Response (FAR) is part of the state's Differential Response System for responding to concerns of abuse or neglect of a child. FAR is a response track for lower-risk families that come into contact with DCF due to a concern about child maltreatment.

OCA has concluded that while the framework for FAR has many positive components and objectives, there are critical areas that require additional stakeholder review to ensure that children who are most at risk for abuse and neglect have an adequate safety net. To that end OCA strongly recommends a robust implementation committee or working group be utilized, with multidisciplinary representation, to assist and advise the state (and the legislature) regarding this still relatively new framework. We do think it will be important to codify this approach and provide evaluation criteria within the existing statutory framework.

FAR is a Significant Part of the State's Child Welfare Response Protocol and Will Benefit From Robust Review and Public Discussion

Approximately 40% of abuse/neglect reports accepted by the DCF Careline were assigned to the FAR track during the first 3 years of implementation (2012 – 2015)—approximately 27,000 unique families. The majority of these families (over 60 %) did not end up receiving services and their cases were closed after the initial DCF assessment.¹ Approximately 16% of families were referred to a DCF-contracted provider, known as the Community Partner Agency, for additional case management and service delivery.²

¹ This is because a) the family was assessed by DCF as not having a risk or safety factor necessitating ongoing involvement with DCF or a DCF-contracted provider, or b) though some risk factors were identified by DCF, the family refused services. See DCF data regarding FAR performance, found on the web at http://www.ct.gov/dcf/lib/dcf/agency/pdf/far_data_82815.pdf.

² During the 3 year review period, approximately 12.5 % of families initially assigned by the DCF Careline to the lower-risk FAR track were switched by DCF to the traditional child protective services track during the initial assessment period. OCA does not have comparison data regarding prior to FAR what percentage of substantiated cases were closed after assessment.

Overall, during the first 3 years of evaluation, approximately 30 % of families assigned to the FAR track were re-reported to DCF due to a concern of abuse or neglect of a child.³ A new accepted report does not necessarily mean that the report will be investigated and substantiated as child maltreatment, but rather that a new concern was raised with the DCF Careline.⁴

While there are positive trends associated with FAR, particularly the work of the DCF-contracted Community Partner Agencies, the number of families who were re-reported to DCF for concerns of abuse or neglect after the initial assignment to FAR compels a rigorous review and evaluation of current practice, outcomes and implications for families with various risk levels who were assigned to the lower-risk track.⁵ Please note that many of the families re-reported to DCF were *never served by the DCF-contracted Community Partner Agency* as the percentage of families who are connected with the CPA remains relatively low.

OCA Supports the Philosophy of the Family Assessment Response System and the Work of DCF's Providers, but Ongoing Discussion and Review of FAR Is Needed and Will Benefit Children and Families.

OCA strongly supports the work of the providers as they are an important part of the state's effort to prevent and respond to child abuse and neglect. As part of the Family Assessment Response System, the providers are contracted to work with lower-risk families referred by DCF *who are willing to engage* with case management and support services. The goal is to work with the family to identify needs and supports that will alleviate stressors, promote stability for children in the home, and avoid future contact with the child welfare system. Voluntary engagement is an important component of the FAR framework.

However, as stated above, the providers serve a relatively small minority of families who are assigned to the FAR track (16%).

Several issues are ripe for stakeholder review, including:

1. Given the low percentage of families that are referred by DCF and/or who are willing to engage with a community FAR provider, how can the role of the provider be further enhanced and utilized for the benefit of children and families? Is the current funding for FAR adequate or is additional allocation needed to ensure robust support for referred families?
2. Data in Connecticut confirms that families assigned to the FAR track who were assessed as higher risk to begin with and/or who have more persistent prior DCF history had the poorest outcomes, i.e. were more likely to be re-reported to DCF for suspected abuse or neglect of a child. Should FAR be

³ Data obtained from DCF reports on FAR performance, found on the web at http://www.ct.gov/dcf/lib/dcf/agency/pdf/far_data_82815.pdf.

⁴ Families who are re-referred to the FAR track will not end up with a substantiation for abuse or neglect as this finding is not part of the disposition protocol for families assigned to the lower-risk track. While this protocol is consistent with FAR practices around the country, it is a confounded factor for determining "repeat maltreatment" rates.

⁵ Of the 27,000 unique families assigned to FAR during the 2012-15 review period, over 10,000 had prior DCF history and just under 7,000 were assessed by DCF as having a moderate (or higher) number of risk factors in the home. See n. 3 *supra*.

limited to families who are truly “low risk,” or should there be a tier of interventions available on the FAR track?

3. How does the state define the family that is most likely to benefit from the FAR track? Which families make their way to the FAR providers, for how long, and with what expected supports and communication with DCF, are matters ripe for robust discussion and review.
4. There are very few automatic “rule-outs” for the FAR track (for example, there is no limit to the amount of DCF history a family may have and still be assigned to FAR). Criteria for the FAR track should be subject to ongoing discussion with providers and other stakeholders.
5. How will success be defined and measured for this program? What are the expected and appropriate performance benchmarks?

OCA’s recent child fatality investigative report, issued on December 22, 2015, emphasized the need to ensure the state is effectively assessing and managing risk for young children who come to DCF’s attention.

OCA was charged by the state’s Child Fatality Review Panel with investigating the death of toddler Londyn Sack from acute drug toxicity shortly after her family’s DCF case closed. Londyn’s family was twice assigned by DCF to the FAR track. OCA’s report found that Londyn’s family came into contact with DCF 5 times in the 19 months prior to her death in late 2014 and that DCF’s assessment of risk and safety concerns in Londyn’s home was inadequate and poorly informed. As a result, DCF referred Londyn’s family to a community provider without providing adequate information to the provider regarding the caregiver’s child welfare history and related concerns. OCA’s report made a number of recommendations regarding how the state can improve its safety net for young children at risk of abuse or neglect. OCA also recommended the creation or utilization of a multi-disciplinary board to assist with implementation of the state’s FAR program. In recent discussions with policy-makers OCA has highlighted other states⁶ that have codified both an advisory/implementation body as well as evaluative criteria within the statutes authorizing the creation of DRS (several states codify evaluation criteria).⁷

⁶ Maryland codified the creation of a multidisciplinary alternative response advisory council to plan, oversee and monitor the implementation of its differential response program; to consult with local departments to obtain feedback on the implementation plan; and to define the scope of the independent evaluation of alternative response. Maryland’s statute specifically enumerated the council’s responsibilities which included consulting with local review panels, services affiliates and partners to receive recommendations about how to effectively implement the program, defining the parameters for evaluation of the program, and defining the scope of ongoing evaluation of the program. Advocates for Children. (2012, April). *Maryland Implementing Alternative Response*. (Issue Brief No. 9). Retrieved from: https://acy.org/wp-content/uploads/2014/01/Alternative_Response_Issue_Brief1.pdf.

OCA further notes that Nevada currently utilizes a steering committee to provide oversight of its differential response system. The committee holds quarterly meetings that are open to the public wherein they discuss issues, create and revise policies and quality assurance plans, and plan trainings for differential response case workers.

Tennessee which uses a three-track approach, also codified the establishment of a state advisory committee composed of representatives from the offices of the commissioners of correction, education, health, human services, mental health and substance abuse services and intellectual and developmental disabilities and other state agencies during the implementation phase of its multi-level response system. See Report from the National Conference of State Legislators regarding Differential Response System..

<http://www.ncsl.org/research/human-services/state-legislation-differential-response.aspx>

⁷ *Id.*

Raised Bill 184: AN ACT CONCERNING CHILDREN IN NEED OF SPECIAL SERVICES.

The Office of the Child Advocate opposes this bill which permits the filing of petitions in juvenile court proceedings that may lead to the removal of a child from a guardian due to the child's specialized mental health needs. This provision appears to conflict with language in General Statute section 17a-129 which specifically provides that "commitment to or protective supervision or protection by [the Department of Children and Families] shall not be a condition for receipt of services or benefits delivered or funded by the Department."

If there is a child or youth who is "in need of special services" and "whose home "cannot provide the specialized care" that the child needs, then current law provides for the provision of voluntary services, up to and including temporary placement in a therapeutic setting for the purpose of treatment. Such voluntary services are provided through a statutory framework codified in General Statute Sections 17a-11 et seq.. The provision of services for children with specialized needs should not be conflated with the provision of child protective services and supervision.

Raised Bill 187: AN ACT CONCERNING TRANSFERS OF GUARDIANSHIP.

OCA supports Raised Bill 187 which permits the provision of financial support to legal guardians. Subsidized guardianships ensures that assistance for caregivers who assume legal guardianship of children from out-of-home care. Oftentimes, these subsidies are vital for caregivers who might not otherwise be able to afford the specialized care for this vulnerable population of children. OCA supports Raised Bill 187 in that it ensures the continuity of financial resources for children in situations when their guardian must be replaced by a successor guardian.

OCA supports the expansion of the definition of "caregiver" in Raised Bill 187 to include unrelated, "fictive kin"—individuals who have a significant relationship with the children in their care but who are not related by blood. Enabling fictive kin to become permanent guardians maximizes the opportunity for these children to receive care from individuals who they know and trust. Other states include "fictive kin" in the category of eligible guardians.⁸

Proposed Bill 5135: AN ACT CONCERNING THE CLOSURE OF THE CONNECTICUT JUVENILE TRAINING SCHOOL AND THE PUEBLO UNIT FOR GIRLS.

The OCA strongly supports the intent behind Proposed Bill No. 5135, An Act Concerning the Closure of the Connecticut Juvenile Training School and the Pueblo Unit for Girls.

OCA supports the following:

1. Close Pueblo immediately to admissions. There are no youth at Pueblo and there have been few admissions during all of 2015. Pueblo did not complete a comprehensive suicide prevention audit prior to opening, and while this audit is underway now, OCA remains concerned about the significant and as yet un-remediated safety risks within the facility.

⁸ *Kinship Guardianship as a Permanency Option*, Children's Bureau Child Welfare Information Gateway (2014) found on the web at: <https://www.childwelfare.gov/pubPDFs/kinshipguardianship.pdf>

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2. Close CJTS as soon as an appropriate continuum of alternative services, supports and supervision are in place for deeper-end juvenile justice youth. The current state of parole services and supervision, including treatment programs, will need to be strengthened to provide support for youth and promote positive public safety outcomes. Significant work will need to be done to ensure youth have effective alternatives to incarceration that promote treatment and accountability in a manner that protects public safety. For example, an increase in parole supervision, educational supports, wrap-around services and care coordination will be needed.⁹ A re-allocation of dollars from institutional care to community supports will need to be planned for.
3. The re-design of the juvenile justice system should occur with robust input from stakeholders, including policy and lawmakers, families, providers and state agencies. OCA supports the planning process currently underway via the Juvenile Justice Policy and Oversight Committee which will include a change to relevant statutes to reflect ongoing recommendations for reform.

CJTS has not been shown to be an Effective Public Safety Intervention for Connecticut

Here in Connecticut the state-run programs CJTS and Pueblo are intended to serve girls and boys in the juvenile justice system who are committed to the custody of DCF due to delinquency. These are youth with deepening juvenile justice involvement and significant educational and mental health needs, whose families frequently have histories of child welfare system involvement, parental incarceration, documented histories of substance abuse and untreated mental health issues. Many of these youth absolutely require intensive treatment, rehabilitative opportunities, and programming to reduce criminogenic risk factors. *To be successful youth require the active involvement of a positive and supportive adult and sustainable connection to positive and effective wrap-around supports in the community.* Much of the critical rehabilitative and relationship-driven work to build skills of the youth and the family is difficult to accomplish in correctional settings, particularly settings that are far removed from the youth's home community.

While CJTS and Pueblo seek to offer youth a secure environment with top to bottom programming, including family therapy, educational and rehabilitative opportunities, to date there is little data on the success of these interventions or even the *rate* of youth participation in institutional programs. *Significantly, family engagement rates remain a struggle for incarcerated youth and basic data on youth functioning following participation in parole services remains elusive.*

As a national expert group on juvenile justice observed regarding an analysis of CJTS and other aspects of the state's juvenile services system:

*"In the focus group of parole managers and supervisors, it was evident that there is a need for some method of comparative evaluation of interventions. They contended that the CJTS was the best treatment program available in Connecticut, but could not articulate any evidence or study to support their contention. This assumption about the quality of the CJTS program may result in a preference for placement at the CJTS rather than in other residential establishments (especially those that are less restrictive), or for reliance on confinement- based rather than community-based programming. By far the largest challenge is data. Their absence was observed throughout the DCF-JSD system and is discussed elsewhere in this report. In particular, risk assessment data are needed for adequate analysis."*¹⁰

⁹ Connecticut received a comprehensive report from national experts on improving the juvenile services system at DCF. The "Georgetown Report," which contains a blueprint for strengthening the continuum of parole services, can be found here:

http://www.ct.gov/dcf/lib/dcf/adolescents/pdf/connecticutgeorgetownreport_nov_final.pdf

¹⁰ See the "Georgetown Report" on DCF Juvenile services, supra N. 10, at 43.

OCA investigation of CJTS and Pueblo

Pursuant to OCA's ongoing oversight responsibilities, OCA undertook an extensive investigation after receiving complaints from more than a half-dozen state-employed whistleblowers regarding certain conditions at the Connecticut Juvenile Training School and the girls' Pueblo unit between 2013 and 2015. Concerns focused on poor management, poor handling of emergencies, lack of adequate suicide prevention, and inappropriate incidents of restraint and seclusion. Multiple complainants described conditions as unsafe for youth and staff. OCA's facility investigation confirmed the use of inappropriate restraints and seclusion and an alarming frequency of suicidal behavior. OCA issued a report on July 22, 2015 with numerous recommendations to ensure that facility policies be revised reduce harm for youth through adherence to progressive national best practices.¹¹

In recent months DCF has been working on a CJTS Action Plan designed to guide the implementation of critical reforms affecting the safety and well-being of youth at CJTS. *There are currently no girls confined at Pueblo.* A number of operational protocols and procedures have been revised, new training has begun to be offered regarding working with youth through a trauma-informed lens, and a review of suicide prevention protocols has begun. While these are all positive steps, significant work remains to reduce the harms of confinement for incarcerated youth and promote positive public safety outcomes. At this time, a suicide prevention audit is not yet complete and OCA continues to be concerned about the safety of the setting for both girls and boys.

Moreover, CJTS and Pueblo remain extremely expensive investments for taxpayers, with an annual cost of over \$50 million and a declining population of juvenile offenders. In today's difficult fiscal climate, it is imperative that publicly-funded services are cost-effective, and what the state provides for juvenile justice-involved youth must be consistent with the research regarding the most effective practices.

System design through the Juvenile Justice Policy and Oversight Committee

In 2014, new legislation resurrected the state's Juvenile Justice Policy and Oversight Committee. This body includes representation from all branches of state government, law enforcement, family and child advocacy organizations, academia and community mental health treatment organizations. With support from the Governor's office and the Legislature, the JJPOC is currently working on design and implementation of numerous juvenile justice reforms, including a reduction in juvenile incarceration and a more effective system for diverting and treating juvenile offenders. The JJPOC, as well as the Governor's office, recently recommended closing CJTS and Pueblo as expeditiously as possible, with attention to ensuring adequate community-based alternatives support the closure of these institutions. The OCA is working as part of this group and looks forward to assisting stakeholders with accomplishing these important reforms.

Sincerely,
Sarah Eagan, JD
Child Advocate

¹¹ OCA's investigation activities along with associated findings and recommendations were published in July, 2015, with addenda regarding suicidality and video footage, along with an errata sheet posted in September, 2015. <http://www.ct.gov/oca/site/default.asp>.

